

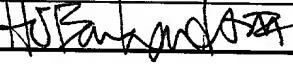
02-13-02

A

UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. A-7496
		First Inventor or Application No. RODRIGUEZ ET AL.
		Title MANAGEMENT OF TELEVISION ADVERTISING
		Express Mail Label No. EV038881928US

Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)

1046073842
02/11/02

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents		ADDRESS TO: Box Patent Application Commissioner for Patents Washington DC 20231																	
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <u>30</u>]</p> <p>3. <input checked="" type="checkbox"/> Drawings (35 U.S.C. § 113) [Total Sheets <u>11</u>]</p> <p>4. Oath or Declaration [Total Pages <u>3</u>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed) i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b)</p> <p>16. <input type="checkbox"/> If a CONTINUING APPLICATION, check appropriate box, and supply the information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group Art Unit:</p>		<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (e.g. PTO/SB/17) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies</p> <p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney</p> <p>9. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>11. <input type="checkbox"/> Preliminary Amendment</p> <p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>13. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>15. <input type="checkbox"/> Other:</p> <p>17. CORRESPONDENCE ADDRESS</p> <p><input checked="" type="checkbox"/> Customer Number or Bar Code  or <input type="checkbox"/> Correspondence address below</p> <table border="1"> <tr> <td>Name</td> <td colspan="3">05642</td> </tr> <tr> <td>Address</td> <td colspan="3">PATENT TRADEMARK OFFICE</td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> <td></td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table> <p>Name (Print/type) HUBERT J. BARNHARDT III Registration No. (Attorney/Agent) 36,739 Signature  Date FEBRUARY 11, 2002</p>		Name	05642			Address	PATENT TRADEMARK OFFICE			City	State	Zip Code		Country	Telephone	Fax	
Name	05642																		
Address	PATENT TRADEMARK OFFICE																		
City	State	Zip Code																	
Country	Telephone	Fax																	



UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: RODRIGUEZ ET AL.
DOCKET NO.: A-7496
TITLE: MANAGEMENT OF TELEVISION ADVERTISING

FEBRUARY 11, 2002

FEE TRANSMITTAL FORM

Box PATENT APPLICATION
Commissioner for Patents
Washington, DC 20231

Dear Sir:

The Commissioner is hereby authorized to charge the indicated fees and any additional fees and to credit any overpayments to Deposit Account No. 19-0761

The fee is calculated as shown below.

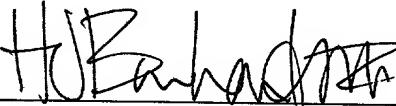
	No. of Claims Filed	No. of Claims Paid For	No. of Extra Claims	Rate	Fee
Independent Claims	10	3	7	\$ 84.00	\$588.00
Total Claims	78	20	58	\$ 18.00	\$1,044.00
Multiple Dependent Claims				\$280.00	\$000.00
Basic Filing Fee				\$740.00	\$740.00
Total Filing Fee					\$2,372.00

One duplicate original of this sheet is enclosed.

SEND CORRESPONDENCE TO:

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Intellectual Property Dept. MS 4.3.518
5030 Sugarloaf Parkway
Lawrenceville GA 30044

By:


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EXPRESS MAIL NO.: EV038881928US

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Maryellen Licker